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For receiving Office use only International Application No. SENT BY FAX Date: 3/12.03 REQUEST International Filing Date The undersigned requests that the present international application be processed Name of receiving Office and "PCT International Application" according to the Patent Cooperation Treaty. Applicant's or agent's file reference (if desired) (12 characters maximum) P16645PC/MH TITLE OF INVENTION Box No. I "AN INTERVENTIONAL SIMULATOR SYSTEM" This person is also inventor APPLICANT Box No. II Name and address: (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) Telephone No. Facsimile No. MENTICE AB Teleprinter No. Kaserntorget 6 S-411 18 Göteborg Applicant's registration No with the Office Sweden State (that is, country) of residence; State (that is, country) of nationality: SE SE the States indicated in the Supplemental Box the United States of America only all designated States except the United States of America This person is applicant for the purposes of: all designated States Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) Name and address: (Family name followed by given rame; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box 11 the applicant's State (that is, country) of residence if no State of residence is indicated below.) This person is: applicant only GRUND-PEDERSEN, Jan applicant and inventor Hagenvägen 1740 inventor only (If this check-box is marked, do not fill to below.) S-429 35 Kullavik Applicant's registration No. with the Office Sweden State (that is, coughty) of residence: State (that is, country) of nationality: SE SE the States indicated in the Supplemental Box the United States of America only all designated States all designated States except the United States of America This person is applicant for the purposes of: Further applicants and/or (further) inventors are indicated on a continuation sheet AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE Box No. IV The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: common représentative agent Name and address: (Family name followed by given name; for a legal entry, full official designation. The address must include postal code and name of country.) Telephone No. +46 31 507700 Facsimile No. STRÖM & GULLIKSSON IP AB +46 31 7790640 Sjöporten 4 Teleprinter No. S-417 64 Göteborg Sweden Agent's registration No. with the Office Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

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Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

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